


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001164

1. Entity Name
BAY4 CAPITAL, LLC



Principal Place of Business Mailing Address
311 N. BAYSHORE DRIVE **311 N. BAYSHORE DRIVE**
SAFETY HARBOR FL 34695 **SAFETY HARBOR FL 34695**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

No Change



1st MOORE CR2E083 (10/04)

4. FEI Number Applied For
59-3559961 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE COUNSEL, LLC
101 PHILIPPE PKWY., SUITE 301
SAFETY HARBOR FL 39695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City State Zip Code

No Change

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

NA

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRP	BIDDINGER, CLAY M	311 N. BAYSHORE DRIVE	SAFETY HARBOR FL 34695	<input type="checkbox"/>
S	SULLIVAN, CHRISTOPHER R	101 PHILIPPE PKWY, SUITE 301	SAFETY HARBOR FL 34695	<input type="checkbox"/>
T	GONZALEZ, RAMON III	311 N. BAYSHORE DRIVE	SAFETY HARBOR FL 34695	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

No Changes

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

U00000261213
03/14/05-80001-021 50.00

No Changes

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Clay M Biddinger* Clay M Biddinger, MGRP 1/31/05 (727) 216-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #